

FACILITY NAME AND PERMIT NUMBER:

City of Rexburg ID-002381-7

Form Approved 1/14/99
OMB Number 2040-0086

FORM
2S
NPDES

NPDES FORM 2S APPLICATION OVERVIEW

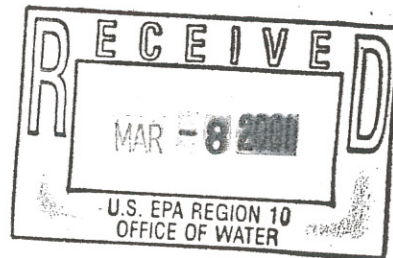
PRELIMINARY INFORMATION

This page is designed to indicate whether the applicant is to complete Part 1 or Part 2. Review each category, and then complete Part 1 or Part 2, as indicated. For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

FACILITIES INCLUDED IN ANY OF THE FOLLOWING CATEGORIES MUST COMPLETE PART 2 (PERMIT APPLICATION INFORMATION).

1. Facilities with a currently effective NPDES permit.
2. Facilities which have been directed by the permitting authority to submit a full permit application at this time.

ALL OTHER FACILITIES MUST COMPLETE PART 1 (LIMITED BACKGROUND INFORMATION).



City of Rexburg ID-002381-7

PART 1: LIMITED BACKGROUND INFORMATION

This part should be completed only by "sludge-only" facilities - that is, facilities that do not currently have, and are not applying for, an NPDES permit for a direct discharge to a surface body of water.

For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

1. Facility Information.

- a. Facility name City of Rexburg
- b. Mailing Address PO Box 280
Rexburg, Id 83440
- c. Contact person John Millar
Title Public Facilities Coordinator
Telephone number 1-(208)-359-3020 ext # 329
- d. Facility Address (not P.O. Box) 525 N. 5th W.
Rexburg, Id 83440
- e. Indicate the type of facility
- | | |
|---|--|
| <input checked="" type="checkbox"/> Publicly owned treatment works (POTW) | <input type="checkbox"/> Privately owned treatment works |
| <input type="checkbox"/> Federally owned treatment works | <input type="checkbox"/> Blending or treatment operation |
| <input type="checkbox"/> Surface disposal site | <input type="checkbox"/> Sewage sludge incinerator |
| <input type="checkbox"/> Other (describe) _____ | |

2. Applicant Information.

- a. Applicant name City of Rexburg Wastewater Dept.
- b. Mailing Address PO. Box 280
Rexburg, Id 83440
- c. Contact person John Millar
Title Public Facilities Coordinator
Telephone number _____
- d. Is the applicant the owner or operator (or both) of this facility?
- | | |
|--------------------------------|---|
| <input type="checkbox"/> owner | <input checked="" type="checkbox"/> operator / Supervisor |
|--------------------------------|---|
- e. Should correspondence regarding this permit be directed to the facility or the applicant?
- | | |
|--|--|
| <input checked="" type="checkbox"/> facility | <input checked="" type="checkbox"/> applicant (both) |
|--|--|

FACILITY NAME AND PERMIT NUMBER:

City of Roxburg ID-002381-7

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3. Sewage Sludge Amount. Provide the total dry metric tons per latest 365 day period of sewage sludge handled under the following practices:

- a. Amount generated at the facility 550 - 650 dry metric tons
- b. Amount received from off site NA dry metric tons
- c. Amount treated or blended on site 550 - 650 dry metric tons
- d. Amount sold or given away in a bag or other container for application to the land 0 dry metric tons
- e. Amount of bulk sewage sludge shipped off site for treatment or blending 0 dry metric tons
- f. Amount applied to the land in bulk form 550 - 650 dry metric tons
- g. Amount placed on a surface disposal site 0 dry metric tons
- h. Amount fired in a sewage sludge incinerator 0 dry metric tons
- i. Amount sent to a municipal solid waste landfill 0 dry metric tons
- j. Amount used or disposed by another practice 0 dry metric tons

Describe _____

4. Pollutant Concentrations. Using the table below or a separate attachment, provide existing sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR part 503 for this facility's expected use or disposal practices. If available, base data on three or more samples taken at least one month apart and no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC			
CADMIUM			
CHROMIUM			
COPPER			
LEAD			
MERCURY			
MOLYBDENUM			
NICKEL			
SELENIUM			
ZINC			

please refer to Attachments

5. Treatment Provided At Your Facility.

- a. Which class of pathogen reduction does the sewage sludge meet at your facility?

____ Class A X Class B ____ Neither or unknown

- b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:

aerobic digestion, with drying Beds UV.

City of Roxbury ID-002381-7

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

- ☒ Option 1 (Minimum 38 percent reduction in volatile solids)
☐ Option 2 (Anaerobic process, with bench-scale demonstration)
☐ Option 3 (Aerobic process, with bench-scale demonstration)
☐ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
☐ Option 5 (Aerobic processes plus raised temperature)
☐ Option 6 (Raise pH to 12 and retain at 11.5)
☐ Option 7 (75 percent solids with no unstabilized solids)
☐ Option 8 (90 percent solids with unstabilized solids)
☐ Option 9 (Injection below land surface)
☒ Option 10 (Incorporation into soil within 6 hours)
☐ Option 11 (Covering active sewage sludge unit daily)
☐ None or unknown

d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:

6. Sewage Sludge Sent to Other Facilities. Does the sewage sludge from your facility meet the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements; and one of the vector attraction options 1-8?

☐ Yes ☐ No

If yes, go to question 8 (Certification).

If no, is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal?

☐ Yes ☐ No

If no, go to question 7 (Use and Disposal Sites).

If yes, provide the following information for the facility receiving the sewage sludge:

- a. Facility name

- b. Mailing address

- c. Contact person

- Title

- Telephone number

d. Which activities does the receiving facility provide? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Treatment or blending | <input type="checkbox"/> Sale or give-away in bag or other container |
| <input type="checkbox"/> Land application | <input type="checkbox"/> Surface disposal |
| <input type="checkbox"/> Incineration | <input type="checkbox"/> Other (describe): |



King County
Water and Land Resources Division
Environmental Laboratory
Department of Natural Resources
322 West Ewing Street
Seattle, WA 98119-1507
(206) 684-2300

Fritz Grothkopp

October 13, 1998

Donna Archibald
City of Rexburg
Wastewater Treatment Facility
P. O. Box 280
Rexburg, ID 83440

Dear Ms. Archibald:

Enclosed please find the summarized results for the digested sludge sample submitted on August 26, 1997. Listed below are the lab ID and corresponding customer ID and description.

L14086-1

RX_DIGSD

Digested Sludge Cake, 9/21/98

The sample was tested for Total Solids, Total Viruses and Parasites. There were no problems encountered during analysis of your samples. If you have any questions, please call either Vera Spruill at 684-2335 or myself at 684-2327.

Sincerely,

Fritz Grothkopp
Laboratory Project Manager

Enclosures: 1
RX14086A.DOC

RECEIVED
10-20-98



King County Environmental Lab Analytical Report

PROJECT: 421184RX	Virus-Total Pfu/100gm						Ascaris Lumbricoides					
	Qual	Wet Wght PFU/100g	Wet MDL PFU/100g	Dry Wght PFU/4g	Dry MDL PFU/4g	M.Code	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code
Locator: RX_DIGSD Sampled: Sep 21, 1998 Lab ID: L14086-1 Matrix: SLUDGE Total Sol: 87.3	<MDL		2		0.092	METRO MC MM V & VI	NF					METRO MC MM 6.7.0

King County Environmental Lab Analytical Report

PROJECT: 421184RX	Coccidia						Giardia Lamblia					
	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code
Locator: RX_DIGSD	NF					METRO MC MM 6.7.0	NF					METRO MC MM 6.7.0
Sampled: Sep 21, 1998												
Lab ID: L14086-1												
Matrix: SLUDGE												
Total Sol: 87.3												

King County Environmental Lab Analytical Report

PROJECT: 421184RX	Mite-Ova						Nematodes					
	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code
Locator: RX_DIGSD Sampled: Sep 21, 1998 Lab ID: L14086-1 Matrix: SLUDGE Total Sol: 87.3	NF					METRO MC MM 6.7.0	NF					METRO MC MM 6.7.0

King County Environmental Lab Analytical Report

PROJECT: 421184RX	Taenia						Viable Helminth Ova					
	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code
Locator: RX_DIGSD Sampled: Sep 21, 1998 Lab ID: L14086-1 Matrix: SLUDGE Total Sol: 87.3	NF					METRO MC MM 6.7.0	NF					METRO MC MM 6.7.0

DESCRIPTION OF COMPREHENSIVE REPORT CONTENTS

Locator

Each sampling site is assigned a unique locator code which defines a unique, specific, geographic reference for that sampling point.

Sample Date

The sample date is labeled Sampled. It is the record of the month, day, and year the sample was collected.

Lab ID

Each sample receives a unique Lab sample number, so that all samples can be referenced by their sample numbers.

Matrix.

Matrix is the Lab's designation of the type of environment from which the sample was taken. There are four groups of matrices: liquids, solids, tissues, and air. The matrices and their codes are as follows.

Liquid

OTHER WTR	LA
INFLUENT	LB
EFFLUENT	LC
DIG SLUDGE	LD
IW WTRLE	
SEWER WTR	LF
STORM WTR	LG
DRINK WTR	LH
GRND WTR	LJ
FRESH WTR	LK
SALT WTR	LL
FILTER WTR	LM
BLANK WTR	LN
SEPTAGE	LP
TCLP LEACH	LQ
RECON WTR	LR
SEM EXTRACT	LS

SOLIDS

OTHR SOLID	SA
SOIL	SB
COMPOST	SC
SLUDGE	SD
FRSHWTRSED	SE
SALTWTRSED	SF
IW SLUDGE	SG

Matrices Cont.

IN-LINE SED	SH
-------------	----

SOLIDBLANK	SJ
TISSUES	
OTHR TISS	TA
ALGAE	TB
PLANT	TC
SHELLFISH	TD
FISH	TE
CRAYFISH W	TF
CRAYFISH E	TG
ORGANS	TH

AIR

AIR	AB
-----	----

%Solids

The percent of the non-liquid (by weight) portion of the sample. All data are calculated and stored on a wet weight basis. The % Solid value is used, if requested, to normalize and report data on a dry weight basis. Each sample will be flagged either Wet Weight Basis or Dry Weight Basis in the report. Note that the conversion to a dry weight basis is not applicable to all parameters, for example pH. Also, Particle Size Distribution is not based on moisture content.

Parameters

Parameters (analytes tested for) are reported in sub-groups corresponding to the laboratory that tested for them. The sub-groups are: organics, metals, conventionals, and micro (microbiology) field analysis, and Aquatic Toxicology.

Qualifiers

Qualifiers give additional information about data points.

<MDL	Less than method detection limit
<RDL	Less than reporting detection limit (practical quantitation limit, PQL)

Some other qualifiers you may find:

Qualifiers Cont.

AD	Adult
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B	Blank
C	Confluent growth
CS	Composite sample
D	Dominant
DIL	Diluted
E	Estimated
G	Matrix spike or SRM recovery below acceptance range
H	Sample handling criteria were not met, prior to analysis. Replaced IP and IS qualifiers.
IP	Incorrect preservation Replaced with the H qualifier.
IS	Incorrectly sampled, replaced with the H qualifier.
J#	Chemist's confidence of a Tentatively Identified Compound as indicated by the value of #. The value can vary from 1 to 4, the most confident being 1.
L	Recovery of matrix spike or SRM above acceptance range
LV	Larvae
NF	Not found
P	Present
PU	Pupae
R	Data rejected
RDL	Equal to the Reporting Detection Limit
S	Sub-dominant
SL	Sample lost
TIA	Text information available
TNTC	Too Numerous to Count
X	Matrix spike or surrogate recovery <10 %
XCM	Exceeds capacity to measure (Instrument X limitation)
XHT	Exceeds holding time
>MR,###	exceeds the measurable range ###

Value

The value is the measurement of the parameter expressed in the appropriate units of measure. The units of measure are stated directly beneath the label *Units*.

LABORATORY WORK ORDER

322 West Ewing Street Seattle, WA 98119

page 1 of 1

Project Name: Rexberg Annual Biosolids/Effluent

Project Number: 421184RX (OS.RX.BS)

LPM: Fritz Grothkopp 684-2327

Samplers: _____

[illegible]

Additional Comments:

Total # of containers:	
------------------------	--

PLEASE FILL ALL JARS COMPLETELY. FILL IN THE DATE THE SAMPLE IS COLLECTED.

LAB TAT = 21 DAYS

RELINQUISHED BY		Date	RECEIVED BY		Date
Signature	Donna Archibald	9-21-98	Signature	Richelle M Rose	9-22-98
Printed Name	Donna Archibald	8:30 AM Time	Printed Name	RICHELLE M ROSE	1010 Time
Organization	City of Burbank (BioSolids)		Organization	KING COUNTY ENV LAB	

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 9829570

Attn. LOREN/DONNA

CITY OF REXBURG
PO BOX 280
REXBURG, ID 83440

P.O.# 3656

Time of Collection: 08:30
Date of Collection: 11/02/98

Date Received: 11/09/98
Date Reported: 12/09/98

Submitted by: LOREN/DONNA

Source of Sample: DIGESTER SLUDGE DAY #1

Lab Comment:

SLUDGE DRY WEIGHT RESULTS UNAVAILABLE DUE
TO LOW TOTAL SOLIDS VALUE.

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
ARSENIC - 503			<1.00 mg/kg	1.00	SW 846 6010	11/22/98	JH
CADMIUM - 503			<0.05 mg/kg	0.05	SW 846 6010	11/16/98	JH
CHROMIUM - 503			<0.50 mg/kg	0.50	SW 846 6010	11/16/98	JH
COPPER - 503			2.19 mg/kg	0.10	SW 846 6010	11/20/98	JH
DIGESTION - 503			* mg/kg		SW 846 3050	11/13/98	LB
LEAD - 503			1.56 mg/kg	0.50	SW 846 6010	11/16/98	JH
MERCURY - 503			<0.020 mg/kg		SW 846 7471	11/13/98	DMB
NICKEL - 503			<0.20 mg/kg	0.20	SW 846 6010	11/20/98	JH
SILVER - 503			1.28 mg/kg	0.05	SW 846 7760	11/25/98	JH
ZINC - 503			3.24 mg/kg	0.05	SW 846 6010	11/20/98	JH
CYANIDE TOTAL - 503			0.05 mg/kg	0.05	SM 4500	11/11/98	JH
TOTAL SOLIDS			0.46 %		SM 2540G	11/13/98	DBG
DRY WT CALCULATIONS			*		CALCULATION	12/08/98	SK

RECEIVED
1-4-99
#

Michael Moore

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 9829571

Attn. LOREN/DONNA

P.O.# 3656

CITY OF REXBURG
PO BOX 280
REXBURG, ID 83440

Time of Collection: 09:00
Date of Collection: 11/04/98

Date Received: 11/09/98
Date Reported: 12/09/98

Submitted by: LOREN/DONNA

Source of Sample: DIGESTER SLUDGE DAY #2

Lab Comment:

SLUDGE DRY WEIGHT RESULTS ARE UNAVAILABLE
DUE TO LOW TOTAL SOLIDS VALUES.

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
ARSENIC - 503			<1.00 mg/kg	1.00	SW 846 6010	11/22/98	JH
CADMIUM - 503			<0.03 mg/kg	0.03	SW 846 6010	11/16/98	JH
CHROMIUM - 503			<0.25 mg/kg	0.25	SW 846 6010	11/16/98	JH
COPPER - 503			2.25 mg/kg	0.10	SW 846 6010	11/20/98	JH
DIGESTION - 503			* mg/kg		SW 846 3050	11/13/98	LB
LEAD - 503			<0.25 mg/kg	0.25	SW 846 6010	11/16/98	JH
MERCURY - 503			<0.020 mg/kg		SW 846 7471	11/13/98	DMB
NICKEL - 503			<0.20 mg/kg	0.20	SW 846 6010	11/20/98	JH
SILVER - 503			0.69 mg/kg	0.05	SW 846 7760	11/25/98	JH
ZINC - 503			3.21 mg/kg	0.05	SW 846 6010	11/20/98	JH
CYANIDE TOTAL - 503			<0.05 mg/kg	0.05	SM 4500	11/11/98	JH
TOTAL SOLIDS			0.57 %		SM 2540G	11/13/98	DBG
DRY WT CALCULATIONS			*		CALCULATION	12/08/98	SK

Michael A. Giron

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 9829572

Attn. LOREN/DONNA

P.O.# 3656

CITY OF REXBURG
PO BOX 280
REXBURG, ID 83440

Time of Collection: 09:00
Date of Collection: 11/06/98

Date Received: 11/09/98
Date Reported: 12/09/98

Submitted by: LOREN/DONNA

Source of Sample: DIGESTER SLUDGE DAY #3

Lab Comment:

SLUDGE DRY WEIGHT RESULTS ARE UNAVAILABLE
DUE TO LOW TOTAL SOLIDS VALUES.

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
ARSENIC - 503			<1.00 mg/kg	1.00	SW 846 6010	11/22/98	JH
CADMIUM - 503			<0.03 mg/kg	0.03	SW 846 6010	11/16/98	JH
CHROMIUM - 503			<0.25 mg/kg	0.25	SW 846 6010	11/16/98	JH
COPPER - 503			1.96 mg/kg	0.10	SW 846 6010	11/20/98	JH
DIGESTION - 503			* mg/kg		SW 846 3050	11/13/98	LB
LEAD - 503			<0.25 mg/kg	0.25	SW 846 6010	11/16/98	JH
MERCURY - 503			0.022 mg/kg		SW 846 7471	11/13/98	DMB
NICKEL - 503			<0.20 mg/kg	0.20	SW 846 6010	11/20/98	JH
SILVER - 503			0.95 mg/kg	0.05	SW 846 7760	11/25/98	JH
ZINC - 503			3.11 mg/kg	0.05	SW 846 6010	11/20/98	JH
CYANIDE TOTAL - 503			0.11 mg/kg	0.05	SM 4500	11/11/98	JH
TOTAL SOLIDS			1.01 %		SM 2540G	11/13/98	DBG
DRY WT CALCULATIONS			*		CALCULATION	12/08/98	SK

Michael J. Hume



King County
Water and Land Resources Division
Environmental Laboratory
Department of Natural Resources
322 West Ewing Street
Seattle, WA 98119-1507
(206) 684-2300

Fritz Grothkopp

September 15, 1999

Donna Archibald
City of Rexburg
Wastewater Treatment Facility
P. O. Box 280
Rexburg, ID 83440

Dear Ms. Archibald:

Enclosed please find the summarized results for the sludge sample submitted on August 17, 1999. Listed below are the lab ID and corresponding customer ID and description.

L16049-1

RX_DIGSD

Digested Sludge Cake, 8/17/99

The sample was tested for Total Solids, Total Viruses and Parasites. There were no problems encountered during analysis of your samples. If you have any questions, please call either Vera Spruill at 684-2335 or myself at 684-2327.

Sincerely,

Fritz Grothkopp
Laboratory Project Manager

Enclosures: 1

RX16049A.DOC



King County Environmental Lab Analytical Report

Virus-Total PFU

Viable Helminth Ova

PROJECT: 421184RX	Qual	Wet Wght PFU/100g	Wet MDL PFU/100g	Dry Wght PFU/4g	Dry MDL PFU/4g	M.Code	TextValue	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code	TextValue
Locator: RX_DIGSD	<MDL		2		0.085	METRO MC MM V & VI		NF					METRO MC MM 6.7.0	
Sampled: Aug 16, 1999														
Lab ID: L16049-1														
Matrix: SLUDGE														
Total Sol: 93.8														

King County Environmental Lab Analytical Report

Ascaris Lumbricoides

Coccidia

PROJECT: 421184RX	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code	TextValue	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code	TextValue
Locator: RX_DIGSD Sampled: Aug 16, 1999 Lab ID: L16049-1 Matrix: SLUDGE Total Sol: 93.8	NF					METRO MC MM 6.7.0		NF					METRO MC MM 6.7.0	

King County Environmental Lab Analytical Report

Giardia Lambila

Mite-ova

PROJECT: 421184RX

	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code	TextValue	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code	TextValue
Locator: RX_DIGSD	NF					METRO MC MM 6.7.0		NF					METRO MC MM 6.7.0	
Sampled: Aug 16, 1999														
Lab ID: L16049-1														
Matrix: SLUDGE														
Total Sol: 93.8														

King County Environmental Lab Analytical Report

Nematodes

Taenia

PROJECT: 421184RX	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code	TextValue	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code	TextValue
Locator: RX_DIGSD Sampled: Aug 16, 1999 Lab ID: L16049-1 Matrix: SLUDGE Total Sol: 93.8	NF					METRO MC MM 6.7.0		NF					METRO MC MM 6.7.0	

King County Environmental Lab Analytical Report

Toxocara

PROJECT: 421184RX

Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code	TextValue
NF					METRO MC MM 6.7.0	

Locator: RX_DIGSD
 Sampled: Aug 16, 1999
 Lab ID: L16049-1
 Matrix: SLUDGE
 Total Sol: 93.8

DESCRIPTION OF COMPREHENSIVE REPORT CONTENTS

Locator

Each sampling site is assigned a unique locator code which defines a unique, specific, geographic reference for that sampling point.

Sample Date

The sample date is labeled Sampled. It is the record of the month, day, and year the sample was collected.

Lab ID

Each sample receives a unique Lab sample number, so that all samples can be referenced by their sample numbers.

Matrix.

Matrix is the Lab's designation of the type of environment from which the sample was taken.

There are four groups of matrices: liquids, solids, tissues, and air.

The matrices and codes follow:

LIQUID

OTHER WTR	LA
INFLUENT	LB
EFFLUENT	LC
DIG SLUDGE	LD
IW WTR	LE
SEWER WTR	LF
STORM WTR	LG
DRINK WTR	LH
GRND WTR	LJ
FRESH WTR	LK
SALT WTR	LL
FILTER WTR	LM
BLANK WTR	LN
SEPTAGE	LP
TCLP LEACH	LQ
RECON WTR	LR
SEM EXTRACT	LS
NON WATER	LT

SOLIDS

OTHR SOLID	SA
SOIL	SB
COMPOST	SC
SLUDGE	SD
FRSHWTRSED	SE
SALTWTRSED	SF
IW SLUDGE	SG
IN-LINE SED	SH
SOLIDBLANK	SJ

Matrices Cont.

SPMD	SK
TISSUES	
OTHR TISS	TA
ALGAE	TB
PLANT	TC
SHELLFISH	TD
FISH	TE
CRAYFISH W	TF
CRAYFISH E	TG
ORGANS	TH
AIR	
AIR BLANK	AA
AIR	AB
LANDFILGAS	AC
SEWER AIR	AD

%Solids

The percent of the non-liquid (by weight) portion of the sample. All data are calculated and stored on a wet weight basis. The % Solid value is used, if requested, to normalize and report data on a dry weight basis. Each sample will be flagged either **Wet Weight Basis** or **Dry Weight Basis** in the report. Note that the conversion to a dry weight basis is not applicable to all parameters, for example pH. Also, Particle Size Distribution is not based on moisture content.

Parameters

Parameters (analytes tested for) are reported in sub-groups corresponding to the laboratory that tested for them. The sub-groups are: **organics, metals, conventionals, and micro** (microbiology) **field analysis, and Aquatic Toxicology.**

Qualifiers currently used

Qualifiers give additional information about data points.

<MDL	Less than method detection limit
<RDL	Less than reporting detection limit (practical quantitation limit, PQL)
RDL	Equal to the Reporting Detection Limit

Qualifiers Cont.

AD	Adult
B	Blank
C	Confluent growth
D	Dominant
E	Estimated microbial count or biased analyte concentration
G	Matrix spike or SRM recovery below acceptance range
H	Sample handling criteria were not met, prior to analysis.
J#	Chemist's confidence of a Tentatively Identified Compound as indicated by the value of #. The value can vary from 1 to 4, the most confident being 1.
L	Recovery of matrix spike or SRM above acceptance range
LV	Larvae
NF	Not found
P	Present
PU	Pupae
R	Data may not be usable
S	Sub-dominant
TA	Text information available
TNTC	Too Numerous to Count
X	Matrix spike or surrogate recovery <10 %
>MR	Analyte concentration exceeds capacity to measure
>###	Population count exceeds capacity to measure

Other qualifiers used before 8/16/96

CS	Composite sample
DIL	Diluted
IP	Incorrect preservation
IS	Incorrectly sampled
SL	Sample lost
TIA	Text information available
XCM	Exceeds capacity to measure (Instrument X limitation)
XHT	Exceeds holding time

Value

The value is the measurement of the parameter expressed in the appropriate units of measure. The units of measure are stated directly beneath the label **Units**.

KING CO ENVIRONMENTAL LABORATORY
LABORATORY WORK ORDER

322 West Ewing Street Seattle, WA 98119

page 1 of 1

Project Name: Rexberg Annual Biosolids/Effluent

Project Number: 421184RX (OS.RX.BS)

LPM: Fritz Grothkopp 684-2327

Samplers: Loren / Donna

Sample #	Locator	Matrix	Collect Date	Parameters										No. of Containers	Comments	
				PARASITES	VIRUS-TOTAL PF	TOTAL SOLIDS										
P16049-1	OCS	BIOSOLIDS	8-16-99 DH	X	X	X									3	DO# 6659

Additional Comments:

Total # of containers: 3

PLEASE FILL ALL JARS COMPLETELY. FILL IN THE DATE THE SAMPLE IS COLLECTED.

LAB TAT = 21 DAYS

RELINQUISHED BY

Signature Donna Archibald
 Printed Name Donna Archibald
 Organization City of Rexburg

Date

8-16-99
 Time 2:00PM

RECEIVED BY

Signature Dana Heinze
 Printed Name DANA HEINZE
 Organization KCEC

Date

8-17-99
 Time 0945

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 9913731

Attn. LOREN JOSE

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

P.O.# 5638

Time of Collection: 15:30
Date of Collection: 05/26/99

Date Received: 05/27/99
Date Reported: 06/23/99

Submitted by: LOREN

Source of Sample: DRYING BED BIOSOLIDS #4

Lab Comment:

* 503 FECAL COLIFORM CALCULATED AS MOST PROBABLE
NUMBER PER GRAM OF DRY SOLIDS.

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
FECAL COLIFORM - 503			* <150 MPN/gm	150	SM 9221E	05/11/99	CB
TOTAL SOLIDS			45.3 %		SM 2540G	06/14/99	BKM
DRY WT CALCULATIONS			*		CALCULATION	06/23/99	SK



THANK YOU FOR CHOOSING ANALYTICAL LABORATORIES, INC. FOR YOUR TESTING NEEDS.

PLEASE CONTACT SANDY KOCH IF YOU HAVE ANY QUESTIONS REGARDING
THIS REPORT OR ANY FUTURE ANALYTICAL NEEDS.

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 9913732

Attn. LOREN JOSE

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

P.O.# 5638

Time of Collection: 15:30
Date of Collection: 05/26/99

Date Received: 05/27/99
Date Reported: 06/23/99

Submitted by: LOREN

Source of Sample: DRYING BED BIOSOLIDS #5

Lab Comment:

* 503 FECAL COLIFORM CALCULATED AS MOST PROBABLE
NUMBER PER GRAM OF DRY SOLIDS.

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
FECAL COLIFORM - 503			* <150 MPN/gm	150	SM 9221E	05/11/99	CB
TOTAL SOLIDS			42.3 %		SM 2540G	06/18/99	BKM
DRY WT CALCULATIONS			*		CALCULATION	06/23/99	SK



THANK YOU FOR CHOOSING ANALYTICAL LABORATORIES, INC. FOR YOUR TESTING NEEDS.

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ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 9913733

Attn. LOREN JOSE

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

P.O.# 5638

Time of Collection: 15:30
Date of Collection: 05/26/99

Date Received: 05/27/99
Date Reported: 06/23/99

Submitted by: LOREN

Source of Sample: DRYING BED BIOSOLIDS #6

Lab Comment:

* 503 FECAL COLIFORM CALCULATED AS MOST PROBABLE
NUMBER PER GRAM OF DRY SOLIDS.

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
FECAL COLIFORM - 503			* <150 MPN/gm	150	SM 9221E	05/11/99	CB
TOTAL SOLIDS			58.3 %		SM 2540G	06/18/99	BKM
DRY WT CALCULATIONS			*		CALCULATION	06/23/99	SK



THANK YOU FOR CHOOSING ANALYTICAL LABORATORIES, INC. FOR YOUR TESTING NEEDS.

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ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 9913730

Attn. LOREN JOSE

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

P.O.# 5638

Time of Collection: 15:30
Date of Collection: 05/26/99

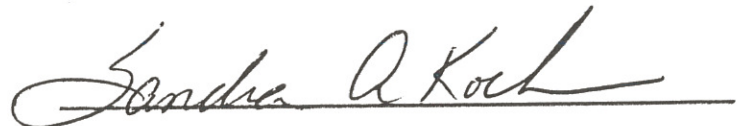
Date Received: 05/27/99
Date Reported: 06/23/99

Submitted by: LOREN

Source of Sample: DRYING BED BIOSOLIDS #3

Lab Comment:
* 503 FECAL COLIFORM CALCULATED AS MOST PROBABLE
NUMBER PER GRAM OF DRY SOLIDS.

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
FECAL COLIFORM - 503			* <150 MPN/gm	150	SM 9221E	05/11/99	CB
TOTAL SOLIDS			43.0 %		SM 2540G	06/14/99	BKM
DRY WT CALCULATIONS			*		CALCULATION	06/23/99	SK



THANK YOU FOR CHOOSING ANALYTICAL LABORATORIES, INC. FOR YOUR TESTING NEEDS.

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THIS REPORT OR ANY FUTURE ANALYTICAL NEEDS.

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 9913728

Attn. LOREN JOSE

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

P.O.# 5638

Time of Collection: 15:30
Date of Collection: 05/26/99

Date Received: 05/27/99
Date Reported: 06/23/99

Submitted by: LOREN

Source of Sample: DRYING BED BIOSOLIDS #1

Lab Comment:

* 503 FECAL COLIFORM CALCULATED AS MOST PROBABLE
NUMBER PER GRAM OF DRY SOLIDS.

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
FECAL COLIFORM - 503			* <150 MPN/gm	150	SM 9221E	05/27/99	CB
TOTAL SOLIDS			46.3 %		SM 2540G	06/14/99	BKM
DRY WT CALCULATIONS			*		CALCULATION	06/23/99	SK



THANK YOU FOR CHOOSING ANALYTICAL LABORATORIES, INC. FOR YOUR TESTING NEEDS.

PLEASE CONTACT SANDY KOCH IF YOU HAVE ANY QUESTIONS REGARDING
THIS REPORT OR ANY FUTURE ANALYTICAL NEEDS.

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 9913729

Attn. LOREN JOSE

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

P.O.# 5638

Time of Collection: 15:30
Date of Collection: 05/26/99

Date Received: 05/27/99
Date Reported: 06/23/99

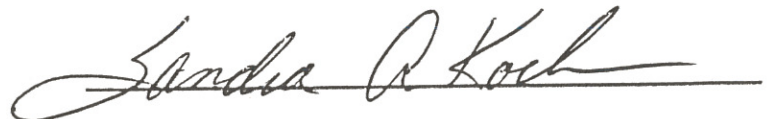
Submitted by: LOREN

Source of Sample: DRYING BED BIOSOLIDS #2

Lab Comment:

* 503 FECAL COLIFORM CALCULATED AS MOST PROBABLE
NUMBER PER GRAM OF DRY SOLIDS.

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
FECAL COLIFORM - 503			* <150 MPN/gm	150	SM 9221E	05/11/99	CB
TOTAL SOLIDS			44.5 %		SM 2540G	06/14/99	BKM
DRY WT CALCULATIONS			*		CALCULATION	06/23/99	SK



THANK YOU FOR CHOOSING ANALYTICAL LABORATORIES, INC. FOR YOUR TESTING NEEDS.

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ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

**LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 9913734**

Attn. LOREN JOSE

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

P.O.# 5638

Time of Collection: 15:30
Date of Collection: 05/26/99

Date Received: 05/27/99
Date Reported: 06/23/99


Submitted by: LOREN

Source of Sample: DRYING BED BIOSOLIDS #7

Lab Comment:

* 503 FECAL COLIFORM CALCULATED AS MOST PROBABLE
NUMBER PER GRAM OF DRY SOLIDS.

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
FECAL COLIFORM - 503			* <150 MPN/gm	150	SM 9221E	05/11/99	CB
TOTAL SOLIDS			46.7 %		SM 2540G	06/18/99	BKM
DRY WT CALCULATIONS			*		CALCULATION	06/23/99	SK



THANK YOU FOR CHOOSING ANALYTICAL LABORATORIES, INC. FOR YOUR TESTING NEEDS.

PLEASE CONTACT SANDY KOCH IF YOU HAVE ANY QUESTIONS REGARDING
THIS REPORT OR ANY FUTURE ANALYTICAL NEEDS.

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 9914116

Attn. LOREN JOSE

P.O.# 5638

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

Time of Collection: 13:45
Date of Collection: 05/24/99

Date Received: 06/02/99
Date Reported: 06/23/99

Submitted by: LOREN JOSE

Source of Sample: PROJECT:BIOSOLIDS METALS DIGESTER SLUDGE

Lab Comment: * DRY WEIGHT RESULTS UNAVAILABLE DUE
TO LOW TOTAL SOLIDS.

Day #1

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
ARSENIC - 503			<1.0 mg/kg	1.0	SW 846 6010	06/09/99	JH
CADMIUM - 503			<0.05 mg/kg	0.05	SW 846 6010	06/07/99	JH
CHROMIUM - 503			<0.50 mg/kg	0.50	SW 846 6010	06/07/99	JH
COPPER - 503			0.58 mg/kg	0.10	SW 846 6010	06/08/99	JH
DIGESTION - 503			* mg/kg		SW 846 3050	06/03/99	KMF
LEAD - 503			<0.50 mg/kg	0.50	SW 846 6010	06/07/99	JH
MERCURY - 503			<0.02 mg/L		SW 846 7471	06/10/99	BMM
MOLYBDENUM - 503			<0.50 mg/kg	0.50	SW 846 6010	06/09/99	JH
NICKEL - 503			<0.20 mg/kg	0.20	SW 846 6010	06/08/99	JH
SELENIUM 503			<1.0 mg/kg	1.0	SW 846 6010	06/09/99	JH
SILVER - 503			0.31 mg/kg	0.05	SW 846 7760	06/09/99	JH
ZINC - 503			1.46 mg/kg	0.05	SW 846 6010	06/08/99	JH
TOTAL SOLIDS			0.65 %		SM 2540G	06/18/99	BKM
DRY WT CALCULATIONS			*		CALCULATION	06/23/99	SK



THANK YOU FOR CHOOSING ANALYTICAL LABORATORIES, INC. FOR YOUR TESTING NEEDS.

PLEASE CONTACT SANDY KOCH IF YOU HAVE ANY QUESTIONS REGARDING

THIS REPORT OR ANY FUTURE ANALYTICAL NEEDS.

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 9914117

Attn. LOREN JOSE

P.O.# 5638

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

Time of Collection: 10:00
Date of Collection: 05/26/99

Date Received: 06/02/99
Date Reported: 06/23/99

Submitted by: LOREN JOSE

Source of Sample: PROJECT:BIOSOLIDS METALS DIGESTER SLUDGE

Lab Comment: * DRY WEIGHT RESULTS UNAVAILABLE
DUE TO LOW TOTAL SOLIDS.

Day # 2

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
ARSENIC - 503			<1.0 mg/kg	1.0	SW 846 6010	06/09/99	JH
CADMIUM - 503			<0.05 mg/kg	0.05	SW 846 6010	06/07/99	JH
CHROMIUM - 503			<0.50 mg/kg	0.50	SW 846 6010	06/07/99	JH
COPPER - 503			1.24 mg/kg	0.10	SW 846 6010	06/08/99	JH
DIGESTION - 503			* mg/kg		SW 846 3050	06/03/99	KMF
LEAD - 503			<0.50 mg/kg	0.50	SW 846 6010	06/07/99	JH
MERCURY - 503			<0.02 mg/L		SW 846 7471	06/10/99	BMM
MOLYBDENUM - 503			<0.50 mg/kg	0.50	SW 846 6010	06/09/99	JH
NICKEL - 503			<0.20 mg/kg	0.20	SW 846 6010	06/08/99	JH
SELENIUM 503			<1.0 mg/kg	1.0	SW 846 6010	06/09/99	JH
SILVER - 503			0.83 mg/kg	0.05	SW 846 7760	06/09/99	JH
ZINC - 503			2.57 mg/kg	0.05	SW 846 6010	06/08/99	JH
TOTAL SOLIDS			1.01 %		SM 2540G	06/18/99	BKM
DRY WT CALCULATIONS			*		CALCULATION	06/23/99	SK



THANK YOU FOR CHOOSING ANALYTICAL LABORATORIES, INC. FOR YOUR TESTING NEEDS.

PLEASE CONTACT SANDY KOCH IF YOU HAVE ANY QUESTIONS REGARDING
THIS REPORT OR ANY FUTURE ANALYTICAL NEEDS.

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 9914118

Attn. LOREN JOSE

P.O.# 5638

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

Time of Collection: 15:00
Date of Collection: 05/28/99

Date Received: 06/02/99
Date Reported: 06/23/99

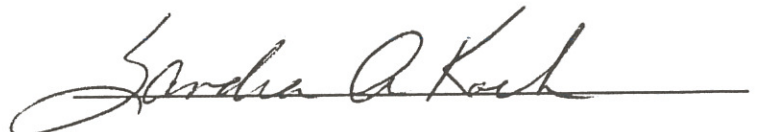
Submitted by: LOREN JOSE

Source of Sample: PROJECT:BIOSOLIDS METALS DIGESTER SLUDGE

Lab Comment: * DRY WEIGHT RESULTS UNAVAILABLE
DUE TO LOW TOTAL SOLIDS

Day #3

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
ARSENIC - 503			<1.0 mg/kg	1.0	SW 846 6010	06/09/99	JH
CADMIUM - 503			<0.05 mg/kg	0.05	SW 846 6010	06/07/99	JH
CHROMIUM - 503			<0.50 mg/kg	0.50	SW 846 6010	06/07/99	JH
COPPER - 503			0.96 mg/kg	0.10	SW 846 6010	06/08/99	JH
DIGESTION - 503			* mg/kg		SW 846 3050	06/03/99	KMF
LEAD - 503			<0.50 mg/kg	0.50	SW 846 6010	06/07/99	JH
MERCURY - 503			<0.02 mg/L		SW 846 7471	06/10/99	BMM
MOLYBDENUM - 503			<0.50 mg/kg	0.50	SW 846 6010	06/09/99	JH
NICKEL - 503			<0.20 mg/kg	0.20	SW 846 6010	06/08/99	JH
SELENIUM 503			<1.0 mg/kg	1.0	SW 846 6010	06/09/99	JH
SILVER - 503			0.68 mg/kg	0.05	SW 846 7760	06/09/99	JH
ZINC - 503			2.51 mg/kg	0.05	SW 846 6010	06/08/99	JH
TOTAL SOLIDS			1.03 %		SM 2540G	06/18/99	BKM
DRY WT CALCULATIONS			*		CALCULATION	06/23/99	SK



THANK YOU FOR CHOOSING ANALYTICAL LABORATORIES, INC. FOR YOUR TESTING NEEDS.

PLEASE CONTACT SANDY KOCH IF YOU HAVE ANY QUESTIONS REGARDING

THIS REPORT OR ANY FUTURE ANALYTICAL NEEDS.



King County
Water and Land Resources Division
Environmental Laboratory
Department of Natural Resources
322 West Ewing Street
Seattle, WA 98119-1507
(206) 684-2300

Fritz Grothkopp

September 28, 2000

Donna Archibald
City of Rexburg
Wastewater Treatment Facility
P. O. Box 280
Rexburg, ID 83440

Dear Ms. Archibald:

Enclosed please find the summarized results for the sludge sample submitted on August 8, 2000. Listed below are the lab ID and corresponding customer ID and description.

L18433-1

RX_DIGSD

Digested Sludge Cake, 8/7/00

The sample was tested for Total Solids, Total Viruses and Parasites. There were no problems encountered during analysis of your samples. If you have any questions, please call either Greg Ma at 684-2340 or myself at 684-2327.

Sincerely,

Fritz Grothkopp
Laboratory Project Manager

Enclosures: 1

RX18433A.DOC

**Compliance
RECEIVED**

10-2-00



King County Environmental Lab Analytical Report

Virus-Total PFU

Viable Helminth Ova

PROJECT: 421184RX

Qual	Wet Wght PFU/100g	Wet MDL PFU/100g	Dry Wght PFU/4g	Dry MDL PFU/4g	M.Code	TextValue	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code	TextValue
<MDL		2		0.092	METRO MC MM V & VI		NF					METRO MC MM 6.7.0	
Locator: RX_DIGSD													
Sampled: Aug 07, 2000													
Lab ID: L18433-1													
Matrix: SLUDGE													
Total Sol: 87.4													

King County Environmental Lab Analytical Report

Ascaris Lumbricoides

Coccidia

PROJECT: 421184RX

	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code	TextValue	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code	TextValue
Locator: RX_DIGSD	NF					METRO MC MM 6.7.0		NF					METRO MC MM 6.7.0	
Sampled: Aug 07, 2000														
Lab ID: L18433-1														
Matrix: SLUDGE														
Total Sol: 87.4														

King County Environmental Lab Analytical Report

Giardia Lamblia

PROJECT: 421184RX

Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code	TextValue
NF					METRO MC MM 6.7.0	

Locator: RX_DIGSD
 Sampled: Aug 07, 2000
 Lab ID: L18433-1
 Matrix: SLUDGE
 Total Sol: 87.4

Mite-ova

Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code	TextValue
NF					METRO MC MM 6.7.0	

King County Environmental Lab Analytical Report

Nematodes

Taenia

PROJECT: 421184RX	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code	TextValue	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code	TextValue
Locator: RX_DIGSD Sampled: Aug 07, 2000 Lab ID: L18433-1 Matrix: SLUDGE Total Sol: 87.4	NF					METRO MC MM 6.7.0		NF					METRO MC MM 6.7.0	

King County Environmental Lab Analytical Report

Toxocara

PROJECT: 421184RX

	Qual	Wet Wght none	Wet MDL none	Dry Wght MPN/1g	Dry MDL MPN/1g	M.Code	TextValue
Locator: RX_DIGSD Sampled: Aug 07, 2000 Lab ID: L18433-1 Matrix: SLUDGE Total Sol: 87.4	NF					METRO MC MM 6.7.0	

DESCRIPTION OF COMPREHENSIVE REPORT CONTENTS

Locator

Each sampling site is assigned a unique locator code which defines a unique, specific, geographic reference for that sampling point.

Sample Date

The sample date is labeled Sampled. It is the record of the month, day, and year the sample was collected.

Lab ID

Each sample receives a unique Lab sample number, so that all samples can be referenced by their sample numbers.

Matrix.

Matrix is the Lab's designation of the type of environment from which the sample was taken. There are four groups of matrices: liquids, solids, tissues, and air. The matrices and their codes are as follows.

Liquid

OTHER WTR	LA
INFLUENT	LB
EFFLUENT	LC
DIG SLUDGE	LD
IW WTRLE	
SEWER WTR	LF
STORM WTR	LG
DRINK WTR	LH
GRND WTR	LJ
FRESH WTR	LK
SALT WTR	LL
FILTER WTR	LM
BLANK WTR	LN
SEPTAGE	LP
TCLP LEACH	LQ
RECON WTR	LR
SEM EXTRACT	LS

SOLIDS

OTHR SOLID	SA
SOIL	SB
COMPOST	SC
SLUDGE	SD
FRSHWTRSED	SE
SALTWTRSED	SF
IW SLUDGE	SG

Matrices Cont.

IN-LINE SED	SH
-------------	----

SOLIDBLANK SJ

TISSUES

OTHR TISS	TA
ALGAE	TB
PLANT	TC
SHELLFISH	TD
FISH	TE
CRAYFISH W	TF
CRAYFISH E	TG
ORGANS	TH

AIR

AIR AB

%Solids

The percent of the non-liquid (by weight) portion of the sample. All data are calculated and stored on a wet weight basis. The % Solid value is used, if requested, to normalize and report data on a dry weight basis. Each sample will be flagged either Wet Weight Basis or Dry Weight Basis in the report. Note that the conversion to a dry weight basis is not applicable to all parameters, for example pH. Also, Particle Size Distribution is not based on moisture content.

Parameters

Parameters (analytes tested for) are reported in sub-groups corresponding to the laboratory that tested for them. The sub-groups are: organics, metals, conventionals, and micro (microbiology) field analysis, and Aquatic Toxicology.

Qualifiers

Qualifiers give additional information about data points.

<MDL	Less than method detection limit
<RDL	Less than reporting detection limit (practical quantitation limit, PQL)

Some other qualifiers you may find:

Qualifiers Cont.

AD	Adult
----	-------

B	Blank
C	Confluent growth
CS	Composite sample
D	Dominant
DIL	Diluted
E	Estimated
G	Matrix spike or SRM recovery below acceptance range
H	Sample handling criteria were not met, prior to analysis. Replaced IP and IS qualifiers.
IP	Incorrect preservation Replaced with the H qualifier.
IS	Incorrectly sampled, replaced with the H qualifier.
J#	Chemist's confidence of a Tentatively Identified Compound as indicated by the value of #. The value can vary from 1 to 4, the most confident being 1.
L	Recovery of matrix spike or SRM above acceptance range
LV	Larvae
NF	Not found
P	Present
PU	Pupae
R	Data rejected
RDL	Equal to the Reporting Detection Limit
S	Sub-dominant
SL	Sample lost
TIA	Text information available
TNTC	Too Numerous to Count
X	Matrix spike or surrogate recovery <10 %
XCM	Exceeds capacity to measure (Instrument X limitation)
XHT	Exceeds holding time
>MR,###	exceeds the measurable range ###

Value

The value is the measurement of the parameter expressed in the appropriate units of measure. The units of measure are stated directly beneath the label *Units*.

LABORATORY WORK ORDER

322 West Ewing Street Seattle, WA 98119

page 1 of 1

Project Name: Rexberg Annual Biosolids/Effluent

Project Number: 421184RX (OS.RX.BS)

LPM: Fritz Grothkopp 684-2327

Samplers: _____

[illegible]

Additional Comments:

Total # of containers:

5

PLEASE FILL ALL JARS COMPLETELY. FILL IN THE DATE THE SAMPLE IS COLLECTED.

LAB TAT = 21 DAYS

RELINQUISHED BY		Date	RECEIVED BY		Date
Signature	<i>Donna Archibald</i>	<i>8-7-00</i>	Signature	<i>Dana Heinke</i>	<i>8/8/00</i>
Printed Name	<i>Donna Archibald</i>	Time <i>9:00 AM</i>	Printed Name	<i>DANA HEINKE</i>	Time <i>10:25</i>
Organization	<i>City of Berthoud</i>		Organization	<i>KEEL</i>	

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 24420

Attn. DONNA ARCHIBALD

P.O.# 9926

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

Time of Collection: 07:40
Date of Collection: 08/07/00

Date Received: 08/08/00
Date Reported: 08/22/00

Submitted by: DONNA

Source of Sample: DRYING BED BIOSOLIDS/SLUDGE

Lab Comment: DRY WEIGHT RESULTS

TEST PARAMETER	DRY WEIGHT mg/kg
ALUMINUM	7,120
ARSENIC	3.36
CADMIUM	1.19
CHROMIUM	12.3
COPPER	212
CYANIDE TOTAL	6.52
LEAD	20.4
MERCURY	2.37
MOLYBDENUM	3.01
NICKEL	17.5
SELENIUM	8.94
SILVER	7.74
ZINC	388

Test Requested	FRDS # MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
ALUMINUM - 503		5,890 mg/kg	1	SW 846 6010	08/18/00	JH
ARSENIC - 503		2.78 mg/kg	1.0	SW 846 6010	08/15/00	JH
CADMIUM - 503		0.98 mg/kg	0.05	SW 846 6010	08/15/00	JH
CHROMIUM - 503		10.2 mg/kg	0.50	SW 846 6010	08/15/00	JH
COPPER - 503		175 mg/kg	0.1	SW 846 6010	08/17/00	JH
DIGESTION - 503		* mg/kg		SW 846 3050	08/09/00	MB
LEAD - 503		16.9 mg/kg	0.50	SW 846 6010	08/15/00	JH
MERCURY - 503		1.96 mg/kg		SW 846 7471	08/11/00	SH
MOLYBDENUM - 503		2.49 mg/kg	0.50	SW 846 6010	08/18/00	JH
NICKEL - 503		14.5 mg/kg	0.20	SW 846 6010	08/10/00	JH
SELENIUM 503		7.39 mg/kg	1.0	SW 846 6010	08/15/00	JH
SILVER - 503		6.40 mg/kg	0.05	SW 846 7760	08/14/00	JH
ZINC - 503		321 mg/kg	0.05	SW 846 6010	08/10/00	JH
CYANIDE TOTAL - 503		5.39 mg/kg	0.10	SM 4500	08/16/00	KZ
TOTAL SOLIDS		82.7 %		SM 2540G	08/15/00	DJR
DRY WT CALCULATIONS		*		CALCULATION	08/21/00	SK

RECEIVED
8-29-00

Sandra A Koch

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 24423

Attn. DONNA ARCHIBALD

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

P.O.# 9926

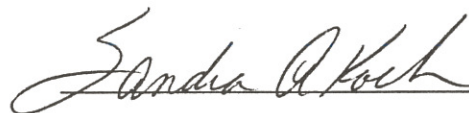
Time of Collection: 07:40
Date of Collection: 08/07/00

Date Received: 08/08/00
Date Reported: 08/22/00

Submitted by: DONNA

Source of Sample: DRYING BED BIOSOLIDS/SLUDGE

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
FECAL COLIFORM - 503			* <150 MPN/gm	150	SM 9221E	08/09/00	RV
TOTAL SOLIDS			84.2 %		SM 2540G	08/15/00	DJR
DRY WT CALCULATIONS			*		CALCULATION	08/21/00	RV



THANK YOU FOR CHOOSING ANALYTICAL LABORATORIES, INC. FOR YOUR TESTING NEEDS.

PLEASE CONTACT SANDY KOCH IF YOU HAVE ANY QUESTIONS REGARDING

THIS REPORT OR ANY FUTURE ANALYTICAL NEEDS.

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 24424

Attn. DONNA ARCHIBALD

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

P.O.# 9926

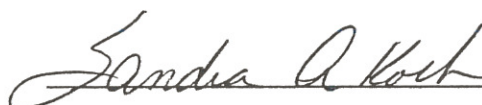
Time of Collection: 07:40
Date of Collection: 08/07/00

Date Received: 08/08/00
Date Reported: 08/22/00

Submitted by: DONNA

Source of Sample: DRYING BED BIOSOLIDS/SLUDGE

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
FECAL COLIFORM - 503			260 MPN/gm	150	SM 9221E	08/09/00	RV
TOTAL SOLIDS			88.8 %		SM 2540G	08/15/00	DJR
DRY WT CALCULATIONS			*		CALCULATION	08/21/00	RV



THANK YOU FOR CHOOSING ANALYTICAL LABORATORIES, INC. FOR YOUR TESTING NEEDS.

PLEASE CONTACT SANDY KOCH IF YOU HAVE ANY QUESTIONS REGARDING
THIS REPORT OR ANY FUTURE ANALYTICAL NEEDS.

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 24425

Attn. DONNA ARCHIBALD

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

P.O.# 9926

Time of Collection: 07:40
Date of Collection: 08/07/00

Date Received: 08/08/00
Date Reported: 08/22/00

Submitted by: DONNA

Source of Sample: DRYING BED BIOSOLIDS/SLUDGE

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
FECAL COLIFORM - 503			13,000 MPN/gm	150	SM 9221E	08/09/00	RV
TOTAL SOLIDS			85.7 %		SM 2540G	08/15/00	DJR
DRY WT CALCULATIONS			*		CALCULATION	08/21/00	RV



THANK YOU FOR CHOOSING ANALYTICAL LABORATORIES, INC. FOR YOUR TESTING NEEDS.

PLEASE CONTACT SANDY KOCH IF YOU HAVE ANY QUESTIONS REGARDING

THIS REPORT OR ANY FUTURE ANALYTICAL NEEDS.

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 24426

Attn. DONNA ARCHIBALD

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

P.O.# 9926

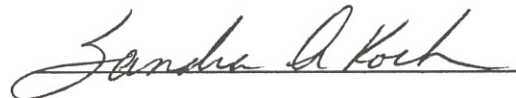
Time of Collection: 07:40
Date of Collection: 08/07/00

Date Received: 08/08/00
Date Reported: 08/22/00

Submitted by: DONNA

Source of Sample: DRYING BED BIOSOLIDS/SLUDGE

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
FECAL COLIFORM - 503			5,400 MPN/gm	150	SM 9221E	08/09/00	RV
TOTAL SOLIDS			85.9 %		SM 2540G	08/15/00	DJR
DRY WT CALCULATIONS			*		CALCULATION	08/21/00	RV



THANK YOU FOR CHOOSING ANALYTICAL LABORATORIES, INC. FOR YOUR TESTING NEEDS.

PLEASE CONTACT SANDY KOCH IF YOU HAVE ANY QUESTIONS REGARDING
THIS REPORT OR ANY FUTURE ANALYTICAL NEEDS.

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 24427

Attn. DONNA ARCHIBALD

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

P.O.# 9926

Time of Collection: 07:40
Date of Collection: 08/07/00

Date Received: 08/08/00
Date Reported: 08/22/00

Submitted by: DONNA

Source of Sample: DRYING BED BIOSOLIDS/SLUDGE

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
FECAL COLIFORM - 503			270 MPN/gm	150	SM 9221E	08/09/00	RV
TOTAL SOLIDS			85.1 %		SM 2540G	08/15/00	DJR
DRY WT CALCULATIONS			*		CALCULATION	08/21/00	RV



THANK YOU FOR CHOOSING ANALYTICAL LABORATORIES, INC. FOR YOUR TESTING NEEDS.

PLEASE CONTACT SANDY KOCH IF YOU HAVE ANY QUESTIONS REGARDING
THIS REPORT OR ANY FUTURE ANALYTICAL NEEDS.

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 9824295

Attn. DONNA ARCHIBALD

P.O.# 3260

CITY OF REXBURG
12 N CENTER
PO BOX 280
REXBURG, ID 83440

Time of Collection: 08:30
Date of Collection: 09/21/98

Date Received: 09/22/98
Date Reported: 10/14/98

Submitted by: DONNA

Source of Sample: DRIED SLUDGE BIOSOLIDS

Lab Comment:

SLUDGE DRY WEIGHT RESULTS

TEST PARAMETER	DRY WEIGHT mg/kg
ARSENIC	2.58
CADMIUM	1.80
CHROMIUM	28.1
COPPER	352
CYANIDE TOTAL	8.34
LEAD	21.2
MERCURY	0.237
MOLYBDENUM	3.30
NICKEL	10.9
SELENIUM	4.79
SILVER	2.36
ZINC	460

Test Requested	FRDS # MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
ARSENIC - 503		2.27 mg/kg	1.0	SW 846 6010	09/28/98	JH
CADMIUM - 503		1.59 mg/kg	0.05	SW 846 6010	09/25/98	JH
CHROMIUM - 503		24.8 mg/kg	0.50	SW 846 6010	09/25/98	JH
COPPER - 503		310 mg/kg	0.10	SW 846 6010	10/05/98	JH
DIGESTION - 503		* mg/kg		SW 846 3050	09/25/98	LB
LEAD - 503		18.7 mg/kg	0.50	SW 846 6010	09/25/98	JH
MERCURY - 503		0.209 mg/kg	0.04	SW 846 7471	10/07/98	BM+
MOLYBDENUM - 503		2.91 mg/kg	0.50	SW 846 6010	09/30/98	JH
NICKEL - 503		9.58 mg/kg	0.20	SW 846 6010	10/05/98	JH
SELENIUM 503		4.22 mg/kg	1.0	SW 846 6010	09/28/98	JH
SILVER - 503		2.08 mg/kg	0.05	SW 846 7760	10/02/98	JH
ZINC - 503		405 mg/kg	0.05	SW 846 6010	10/05/98	JH
CYANIDE TOTAL - 503		7.35 mg/kg	0.20	SM 4500	09/23/98	KDT
TOTAL SOLIDS		89.4 %	0.2%	SM 2540G	09/28/98	BKM
DRY WT CALCULATIONS		*		CALCULATION	10/14/98	SK

RECEIVED
10-19-98

Sandra A Koch

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 35189

Attn. DONNA ARCHIBALD

P.O.# 1595

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

Time of Collection:
Date of Collection:

Date Received: 10/30/00
Date Reported: 12/05/00

Collected by:


Submitted by:

Source of Sample: DRYING BED BIOSOLIDS-SLUDGE

Lab Comment: DRY WEIGHT RESULTS

TEST PARAMETER	DRY WEIGHT mg/kg
ALUMINUM	9,430
ARSENIC	<7.1
CADMIUM	1.84
CHROMIUM	16.7
COPPER	255
CYANIDE TOTAL	1.99
LEAD	12.1
MERCURY	0.64
MOLYBDENUM	4.7
NICKEL	16.2
SELENIUM	7.1
SILVER	5.0
ZINC	362

Test Requested	FRDS # MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
ALUMINUM - 503		1,330 mg/kg	1	SW 846 6010	11/20/00	JH
ARSENIC - 503		<1.0 mg/kg	1.0	SW 846 6010	11/17/00	JH
CADMIUM - 503		0.26 mg/kg	0.05	SW 846 6010	11/07/00	JH
CHROMIUM - 503		2.35 mg/kg	0.5	SW 846 6010	11/07/00	JH
COPPER - 503		36.0 mg/kg	0.10	SW 846 6010	11/10/00	JH
DIGESTION - 503		* mg/kg		SW 846 3050	11/06/00	RME
LEAD - 503		1.70 mg/kg	0.50	SW 846 6010	11/07/00	JH
MERCURY - 503		0.09 mg/kg		SW 846 7471	11/03/00	SH
MOLYBDENUM - 503		0.66 mg/kg	0.50	SW 846 6010	11/17/00	JH
NICKEL - 503		2.28 mg/kg	0.20	SW 846 6010	11/10/00	JH
SELENIUM 503		1.0 mg/kg	1.0	SW 846 6010	11/17/00	JH
SILVER - 503		0.71 mg/kg	0.05	SW 846 7760	11/10/00	JH
ZINC - 503		51.1 mg/kg	0.05	SW 846 6010	11/10/00	JH
CYANIDE TOTAL - 503		0.281 mg/kg	5.0	SM 4500	11/01/00	KLZ
TOTAL SOLIDS		14.1 %		SM 2540G	11/03/00	TJO
DRY WT CALCULATIONS		*		CALCULATION	12/04/00	SK



ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

**LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 32629**

Attn. DONNA ARCHIBALD

CITY OF REXBURG
12 NORTH CENTER
P O BOX 280
REXBURG, ID 83440-0280

Time of Collection: 14:00
Date of Collection: 10/09/00

Date Received: 10/10/00
Date Reported: 10/23/00

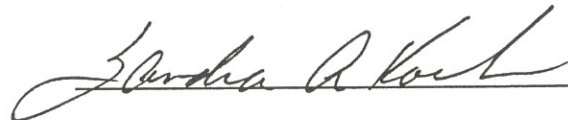
Collected by: JACK S

Submitted by: DONNA ARCHIBALD

Source of Sample: LAND APP SLUDGE

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
FECAL COLIFORM - 503			270 MPN/gm	150	SM 9221E	10/10/00	RLV
TOTAL SOLIDS			88.9 %		SM 2540G	10/13/00	DJR
DRY WT CALCULATIONS			*		CALCULATION	10/15/00	RLV

RECEIVED
11-3-00



THANK YOU FOR CHOOSING ANALYTICAL LABORATORIES, INC. FOR YOUR TESTING NEEDS.

PLEASE CONTACT SANDY KOCH IF YOU HAVE ANY QUESTIONS REGARDING

THIS REPORT OR ANY FUTURE ANALYTICAL NEEDS.

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

**LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 24422**

Attn. DONNA ARCHIBALD

P.O.# 9926

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

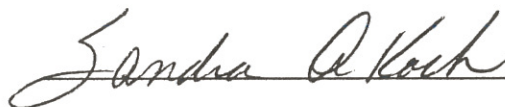
Time of Collection: 07:40
Date of Collection: 08/07/00

Date Received: 08/08/00
Date Reported: 08/22/00

Submitted by: **DONNA**

Source of Sample: DRYING BED BIOSOLIDS/SLUDGE

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
FECAL COLIFORM - 503			13,000 MPN/gm	150	SM 9221E	08/09/00	RV
TOTAL SOLIDS			86.3 %		SM 2540G	08/15/00	DJR
DRY WT CALCULATIONS			*		CALCULATION	08/21/00	RV



THANK YOU FOR CHOOSING ANALYTICAL LABORATORIES, INC. FOR YOUR TESTING NEEDS.

PLEASE CONTACT SANDY KOCH IF YOU HAVE ANY QUESTIONS REGARDING

THIS REPORT OR ANY FUTURE ANALYTICAL NEEDS.

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

**LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 24421**

Attn. DONNA ARCHIBALD

P.O.# 9926

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

Time of Collection: 07:40
Date of Collection: 08/07/00

Date Received: 08/08/00
Date Reported: 08/22/00

Submitted by: **DONNA**

Source of Sample: DRYING BED BIOSOLIDS/SLUDGE

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
FECAL COLIFORM - 503			* <150 MPN/gm	150	SM 9221E	08/09/00	RV
TOTAL SOLIDS			84.4 %		SM 2540G	08/15/00	DJR
DRY WT CALCULATIONS			*		CALCULATION	08/21/00	RV



THANK YOU FOR CHOOSING ANALYTICAL LABORATORIES, INC. FOR YOUR TESTING NEEDS.

PLEASE CONTACT SANDY KOCH IF YOU HAVE ANY QUESTIONS REGARDING
THIS REPORT OR ANY FUTURE ANALYTICAL NEEDS.

ANALYTICAL LABORATORIES, INC.

1804 N. 33rd Street
Boise, Idaho 83703
Phone # (208) 342-5515

LABORATORY ANALYSIS REPORT
SAMPLE NUMBER - 14123

Attn. DONNA ARCHIBALD**P.O.# 9143**

CITY OF REXBURG
12 N CENTER
P O BOX 280
REXBURG, ID 83440

Time of Collection:
Date of Collection: 05/10/00

Date Received: 05/15/00
Date Reported: 05/31/00

Submitted by: DONNA**Source of Sample: DIGESTER SLUDGE GRAB**

Test Requested	FRDS #	MCL	Analysis Result Unit	MDL	Method	Date Completed	Analyst Initials
ARSENIC - 503			<1.0 mg/kg	1.0	SW 846 6010	05/19/00	JH
CADMIUM - 503			<0.05 mg/kg	0.05	SW 846 6010	05/30/00	JH
CHROMIUM - 503			<0.50 mg/kg	0.50	SW 846 6010	05/30/00	JH
COPPER - 503			0.90 mg/kg	0.10	SW 846 6010	05/22/00	JH
DIGESTION - 503			* mg/kg		SW 846 3050	05/16/00	SH
LEAD - 503			0.70 mg/kg	0.50	SW 846 6010	05/30/00	JH
MERCURY - 503			0.05 mg/kg	0.02	SW 846 7471	05/19/00	JH
MOLYBDENUM - 503			<0.50 mg/kg	0.50	SW 846 6010	05/23/00	JH
NICKEL - 503			<0.20 mg/kg	0.20	SW 846 6010	05/22/00	JH
SELENIUM 503			<1.0 mg/kg	1.0	SW 846 6010	05/19/00	JH
SILVER - 503			0.52 mg/kg	0.05	SW 846 7760	05/23/00	JH
ZINC - 503			3.12 mg/kg	0.05	SW 846 6010	05/22/00	JH
TOTAL SOLIDS			0.8 %		SM 2540G	05/16/00	BKM



THANK YOU FOR CHOOSING ANALYTICAL LABORATORIES, INC. FOR YOUR TESTING NEEDS.

PLEASE CONTACT SANDY KOCH IF YOU HAVE ANY QUESTIONS REGARDING

THIS REPORT OR ANY FUTURE ANALYTICAL NEEDS.

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:				PROJECT INFORMATION:				ANALYTICAL LABS, INC. 1804 N. 33rd Street • Boise, ID 83703 (208) 342-5515 • Fax (208) 342-5591 1-800-574-5773 ANALYSIS REQUESTED <div style="display: flex; justify-content: space-around; text-align: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Arsenic</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Cadmium</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Chromium</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Copper</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Lead</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Mercury</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Molybdenum</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Nickel</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Selenium</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Silver</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Zinc</div> </div>							
Attn: Donna Archibald				Project Manager: Donna											
Company: City of Rexburg				Project Name: Industrial Sludge											
Address: P.O. Box 280				Project Number:											
Rexburg Id 83440				Purchase Order Number: 9143											
Phone: 208-359-3035				Fax:				Required Due Date:							
Sampled by: Donna				Invoice to: (If different than above address)											

Lab ID	Date Sampled	Time Sampled	Sample Description	Sample Matrix											Remarks		
	5-10-00	16:00	Sludge metals		1	1	1	1	1	1	1	1	1	1	1	1	14123

Special Instructions: Please enclose a copy of Chain of Custody with results

Thank you!

ALLOCATIONS OF RISK: Analytical Laboratories, Inc. will perform preparation and testing services, obtain findings and prepare reports in accordance with Good Laboratory Practices (GLP). If, for any reason, Analytical Laboratories, Inc. errors in the conduct of a test or procedure their liability shall be limited to the cost of the test or procedure completed in error. Under no circumstance will Analytical Laboratories, Inc. be liable for any other cost associated with obtaining a sample or use of data.

SAMPLE RECEIPT		Note: Samples are discarded 21 days after results are reported. Hazardous samples will be returned to client or disposed of at client expense.			
Total # of Containers: 1		Relinquished By: (Signature) Donna Archibald		Date / Time	
Chains of Custody Seals: Y / <input checked="" type="radio"/> N / NA		Company: City of Rexburg		5-12-00 3:00	
Intact: <input checked="" type="radio"/> Y / N / NA		Relinquished By: (Signature)		Date / Time	
Condition: Good		Company:		Received at Laboratory By: (Signature) [Signature]	
				Date / Time 5/15/00 9:00	

FACILITY NAME AND PERMIT NUMBER:

City of Rexburg ID-002381-7

Form Approved 1/14/99
OMB Number 2040-0086

7. Use and Disposal Sites. Provide the following information for each site on which sewage sludge from this facility is used or disposed:

- a. Site name or number SHARP FARMS
- b. Contact person BRIAN SHARP
Title OWNER
Telephone 208-356-8296
- c. Site location (Complete 1 or 2)
1. Street or Route # 6039 S. 2626 LN
County MADISON
City or Town REXBURG State ID Zip 83440
2. Latitude 43° 45' 00" N Longitude 115° 50' 00" E
- d. Site type (Check all that apply)
- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Agricultural | <input type="checkbox"/> Lawn or home garden | <input type="checkbox"/> Forest |
| <input type="checkbox"/> Surface disposal | <input type="checkbox"/> Public Contact | <input type="checkbox"/> Incineration |
| <input type="checkbox"/> Reclamation | <input type="checkbox"/> Municipal Solid Waste Landfill | <input type="checkbox"/> Other (describe): _____ |

8. Certification. Sign the certification statement below. (Refer to instructions to determine who is an officer for purposes of this certification.)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title JOHN MILLAR PUBLIC WORKS DIRECTOR

Signature J. W. Millar

Telephone number 208-359-3020 EXT 329

Date signed MARCH 5, 2001

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

City of Roxbury TD-002381-7

Form Approved 1/14/99
OMB Number 2040-0086

PART 2: PERMIT APPLICATION INFORMATION

Complete this part if you have an effective NPDES permit or have been directed by the permitting authority to submit a full permit application at this time. In other words, complete this part if your facility has, or is applying for, an NPDES permit.

For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

APPLICATION OVERVIEW — SEWAGE SLUDGE USE OR DISPOSAL INFORMATION

Part 2 is divided into five sections (A-E). Section A pertains to all applicants. The applicability of Sections B, C, D, and E depends on your facility's sewage sludge use or disposal practices. The information provided on this page indicates which sections of Part 2 to fill out.

1. SECTION A: GENERAL INFORMATION.

Section A must be completed by all applicants

2. SECTION B: GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE.

Section B must be completed by applicants who either:

- 1) Generate sewage sludge, or
- 2) Derive a material from sewage sludge.

3. SECTION C: LAND APPLICATION OF BULK SEWAGE SLUDGE.

Section C must be completed by applicants who either:

- 1) Apply sewage to the land, or
- 2) Generate sewage sludge which is applied to the land by others.

NOTE: Applicants who meet either or both of the two above criteria are exempted from this requirement if all sewage sludge from their facility falls into one of the following three categories:

- 1) The sewage sludge from this facility meets the ceiling and pollutant concentrations, Class A pathogen reduction requirements, and one of vector attraction reduction options 1-8, as identified in the instructions, or
- 2) The sewage sludge from this facility is placed in a bag or other container for sale or give-away for application to the land, or
- 3) The sewage sludge from this facility is sent to another facility for treatment or blending.

4. SECTION D: SURFACE DISPOSAL

Section D must be completed by applicants who own or operate a surface disposal site.

5. SECTION E: INCINERATION

Section E must be completed by applicants who own or operate a sewage sludge incinerator.

FACILITY NAME AND PERMIT NUMBER:

City of Rexburg ID-002381-7

Form Approved 1/14/99
OMB Number 2040-0086

A. GENERAL INFORMATION

All applicants must complete this section.

A.1. Facility Information.

- a. Facility name City of Rexburg
- b. Mailing Address P.O. Box 280
Rexburg, Id 83440
- c. Contact person John Millar
Title Public Facilities Coordinator
Telephone number 1-(208)-359-3020 ext 329
- d. Facility Address (not P.O. Box) 525 N. 5th W.
Rexburg, Id 83440
- e. Is this facility a Class I sludge management facility? ☐ Yes ☐ No
- f. Facility design flow rate: 3.6 mgd
- g. Total population served: _____
- h. Indicate the type of facility:
- | | |
|---|--|
| <input checked="" type="checkbox"/> Publicly owned treatment works (POTW) | <input type="checkbox"/> Privately owned treatment works |
| <input type="checkbox"/> Federally owned treatment works | <input type="checkbox"/> Blending or treatment operation |
| <input type="checkbox"/> Surface disposal site | <input type="checkbox"/> Sewage sludge incinerator |
| <input type="checkbox"/> Other (describe) _____ | |

A.2. Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name City of Rexburg Wastewater Dept.
- b. Mailing Address P.O. Box 280
Rexburg Id 83440
- c. Contact person John Millar
Title Public Facilities Coordinator-
Telephone number 1-(208)-359-3020 ext 329
- d. Is the applicant the owner or operator (or both) of this facility?
☐ owner ☒ operator (supervisor)
- e. Should correspondence regarding this permit should be directed to the facility or the applicant.
☒ facility ☒ applicant (both)

A.3. Permit Information.

- a. Facility's NPDES permit number (if applicable): ID-002381-7
- b. List, on this form or an attachment, all other Federal, State, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number

ID-002381-7

Type of Permit

NPDES**A.4. Indian Country.** Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country? YesX No

If yes, describe: _____

A.5. Topographic Map. Provide a topographic map or maps (or other appropriate map(s) if a topographic map is unavailable) that show the following information. Map(s) should include the area one mile beyond all property boundaries of the facility:

- a. Location of all sewage sludge management facilities, including locations where sewage sludge is stored, treated, or disposed.
- b. Location of all wells, springs, and other surface water bodies, listed in public records or otherwise known to the applicant within 1/4 mile of the facility property boundaries.

A.6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit, including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.**A.7. Contractor Information.**

Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? Yes X No

If yes, provide the following for each contractor (attach additional pages if necessary):

- a. Name _____
- b. Mailing Address _____
- c. Telephone Number _____
- d. Responsibilities of contractor _____

FACILITY NAME AND PERMIT NUMBER:

City of Rexburg, ID-002381-7

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A.8. Pollution Concentrations: Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR Part 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC	Please refer to the enclosed Attachments		
CADMIUM			
CHROMIUM			
COPPER			
LEAD			
MERCURY			
MOLYBDENUM			
NICKEL			
SELENIUM			
ZINC			

A.9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of Form 2S you have completed and are submitting:

☐ Part 1 Limited Background Information packet

Part 2 Permit Application Information packet:

☐ Section A (General Information)☐ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)☐ Section C (Land Application of Bulk Sewage Sludge)☐ Section D (Surface Disposal)☐ Section E (Incineration)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title

JOHN MILLAR PUBLIC WORKS DIRECTOR

Signature

J. L. Miller

Date signed

March 5, 2001

Telephone number

1-208-359-3020 ext 329

Upon request of the permitting authority, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

City of Rexburg ID-002381-7

**B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF
A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge.

B.1. Amount Generated On Site.Total dry metric tons per 365-day period generated at your facility: Approx 550-650 dry metric tons**B.2. Amount Received from Off Site.** If your facility receives sewage sludge from another facility for treatment, use, or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

a. Facility name

City of Rexburg Wastewater Dept

b. Mailing Address

P.O. Box 280Rexburg, Id 83440

c. Contact person

John Millar

Title

Public Facilities Coordinator

Telephone number

1-208-359-3020 ext 329

d. Facility Address (not P.O. Box)

525 N. 5th WRexburg, Id 83440e. Total dry metric tons per 365-day period received from this facility: Approx 550-650 dry metric tons/year

f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics.

uv. drying Beds**B.3. Treatment Provided At Your Facility.**

a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?

 Class AX Class B Neither or unknown

b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:

uv. drying Beds

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

- Option 1 (Minimum 38 percent reduction in volatile solids)
- Option 2 (Anaerobic process, with bench-scale demonstration)
- Option 3 (Aerobic process, with bench-scale demonstration)
- Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- Option 5 (Aerobic processes plus raised temperature)
- Option 6 (Raise pH to 12 and retain at 11.5)
- Option 7 (75 percent solids with no unstabilized solids)
- Option 8 (90 percent solids with unstabilized solids)
- None or unknown

FACILITY NAME AND PERMIT NUMBER:

City of Roxburg TD-002381-7

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B.3. Treatment Provided At Your Facility. (con't)

- d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:

ultra Violet (drying Beds)

- e. Describe, on this form or another sheet of paper, any other sewage sludge treatment or blending activities not identified in (a) - (d) above:

Complete Section B.4 if sewage sludge from your facility meets the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of §503.13, the Class A pathogen reduction requirements in §503.32(a), and one of the vector attraction reduction requirements in §503.33(b)(1)-(8) and is land applied. Skip this section if sewage sludge from your facility does not meet all of these criteria.

B.4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1-8.

- a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land: 550/550 dry metric tons

- b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away for application to the land?

____ Yes ☒ No

Complete Section B.5 if you place sewage sludge in a bag or other container for sale or give-away for land application. Skip this section if the sewage sludge is covered in Section B.4.

B.5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: _____ dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

Complete Section B.6 if sewage sludge from your facility is provided to another facility that provides treatment or blending. This section does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this section if the sewage sludge is covered in Sections B.4 or B.5. If you provide sewage sludge to more than one facility, attach additional pages as necessary.

B.6. Shipment Off Site for Treatment or Blending.

- a. Receiving facility name _____
- b. Mailing address _____

- c. Contact person _____
Title _____
Telephone number _____
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: _____

City of Reelburg ID-002381-7

B.6. Shipment Off Site for Treatment or Blending. (con't)

- e. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? ____ Yes ____ No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

____ Class A ____ Class B ____ Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:

- f. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? ____ Yes ____ No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

- ☒ Option 1 (Minimum 38 percent reduction in volatile solids)
 ____ Option 2 (Anaerobic process, with bench-scale demonstration)
 ____ Option 3 (Aerobic process, with bench-scale demonstration)
 ____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
 ____ Option 5 (Aerobic processes plus raised temperature)
 ____ Option 6 (Raise pH to 12 and retain at 11.5)
 ____ Option 7 (75 percent solids with no unstabilized solids)
 ____ Option 8 (90 percent solids with unstabilized solids)
 ____ None

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge.

- g. Does the receiving facility provide any additional treatment or blending activities not identified in (c) or (d) above? ____ Yes ☒ No

If yes, describe, on this form or another sheet of paper, the treatment or blending activities not identified in (c) or (d) above:

- h. If you answered yes to (e), (f), or (g), attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g).

- i. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ____ Yes ____ No

If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

Complete Section B.7 if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in:
 • Section B.4 (it meets Table 1 ceiling concentrations, Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8); or
 • Section B.5 (you place it in a bag or other container for sale or give-away for application to the land); or
 • Section B.6 (you send it to another facility for treatment or blending).

B.7. Land Application of Bulk Sewage Sludge.

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: 550-650 dry metric tons

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B.7. Land Application of Bulk Sewage Sludge. (con't)

- b. Do you identify all land application sites in Section C of this application? ☒ Yes ☐ No

If no, submit a copy of the land application plan with application (see instructions).

- c. Are any land application sites located in States other than the State where you generate sewage sludge or derive a material from sewage sludge? ☐ Yes ☒ No

If yes, describe, on this form or another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

Complete Section B.8 if sewage sludge from your facility is placed on a surface disposal site.

B.8. Surface Disposal.

- a. Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period: 500-650 dry metric tons

- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?

☐ Yes ☒ No

If no, answer B.8.c through B.8.f for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one such surface disposal site, attach additional pages as necessary.

- c. Site name or number SHARP FARMS

- d. Contact person BRIAN SHARP

Title OWNER

Telephone number 208 - 356 - 8296

Contact is ☒ Site owner ☐ Site operator

- e. Mailing address 6039 S 2626 W

REXBURG, ID 83440

- f. Total dry metric tons of sewage sludge from your facility placed on this surface disposal site per 365-day period: 500-650 dry metric tons

Complete Section B.9 if sewage sludge from your facility is fired in a sewage sludge incinerator.

B.9. Incineration.

- a. Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period: NA dry metric tons

- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? ☐ Yes ☐ No

If no, complete B.9.c through B.9.f for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one such sewage sludge incinerator, attach additional pages as necessary.

- c. Incinerator name or number: NA

- d. Contact person: NA

Title: NA

Telephone number: NA

Contact is: ☐ Incinerator owner ☐ Incinerator operator

City of Roxbury ID-002381-7

B.9. Incineration. (con't)

e. Mailing address:

NA

f. Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period: _____ dry metric tons

Complete Section B.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.

B.10. Disposal in a Municipal Solid Waste Landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

a. Name of landfill

NO - NA

b. Contact person

Title

Telephone number

Contact is

Landfill owner

Landfill operator

c. Mailing address

d. Location of municipal solid waste landfill:

Street or Route #

County

City or Town

State

Zip

e. Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:

_____ dry metric tons

f. List, on this form or an attachment, the numbers of all other Federal, State, and local permits that regulate the operation of this municipal solid waste landfill.

Permit Number

Type of Permit

NA

NA

g. Submit, with this application, information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test)

h. Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR Part 258?

_____ Yes _____ No

NA

FACILITY NAME AND PERMIT NUMBER:

City of Rexburg ID-002381-7

Form Approved 1/14/99
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C. LAND APPLICATION OF BULK SEWAGE SLUDGE

Complete Section C for sewage sludge that is applied to the land, unless any of the following conditions apply:

- The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8 (fill out B.4 instead); or
- The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 instead); or
- You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).

Complete Section C for every site on which the sewage sludge that you reported in Section B.7 is applied.

C.1. Identification of Land Application Site.

a. Site name or number

SHARP FARMS

b. Site location (Complete 1 and 2).

1. Street or Route #

6039 S 2626 W

County

MADISON

City or Town

REXBURG

State ID

Zip

83440

2. Latitude

45°45'00"N

Longitude

115°50'00"E

Method of latitude/longitude determination

☒

USGS map

☐

Field survey

☐

Other

c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

C.2. Owner Information.

a. Are you the owner of this land application site?

☐ Yes

☒ No

b. If no, provide the following information about the owner:

Name

BRIAN SHARP

Telephone number

208 356 - 8296

Mailing Address

6039 S 2626 W

REXBURG, ID

83440

C.3. Applier Information.

a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site?

☒

Yes

☐ No

b. If no, provide the following information for the person who applies:

Name

Telephone number

Mailing Address

C.4. Site Type: Identify the type of land application site from among the following.

☒

Agricultural land

☐

Forest

☐

Public contact site

☐

Reclamation site

☐

Other. Describe:

City of Redburg ID002381-7

C.5. Crop or Other Vegetation Grown on Site.

- a. What type of crop or other vegetation is grown on this site?

- b. What is the nitrogen requirement for this crop or vegetation?

C.6. Vector Attraction Reduction.

Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?

☒ Yes ☐ No

If yes, answer C.6.a and C.6.b;

- a. Indicate which vector attraction reduction option is met:

☐ Option 9 (Injection below land surface)

☒ Option 10 (Incorporation into soil within 6 hours)

- b. Describe, on this form or another sheet of paper, any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge:

Complete Question C.7 only if the sewage sludge applied to this site since July 20, 1993, is subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2).

C.7. Cumulative Loadings and Remaining Allotments.

- a. Have you contacted the permitting authority in the State where the bulk sewage sludge subject to CPLRs will be applied, to ascertain whether bulk sewage sludge subject to CPLRs has been applied to this site on or since July 20, 1993? ☐ Yes ☒ No

If no, sewage sludge subject to CPLRs may not be applied to this site.

If yes, provide the following information:

Permitting authority

Contact Person

Telephone number

- b. Based upon this inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993?
☐ Yes ☐ No

If no, skip C.7.c.

FACILITY NAME AND PERMIT NUMBER:

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c. Provide the following information for every facility other than yours that is sending, or has sent, bulk sewage sludge to CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.

Facility name	_____
Mailing Address	_____ NA _____

Contact person	_____
Title	_____
Telephone number	_____

City of Redburg ID-002381-7

D. SURFACE DISPOSAL

Complete this section if you own or operate a surface disposal site.

Complete Sections D.1 - D.5 for each active sewage sludge unit.

D.1. Information on Active Sewage Sludge Units.

- a. Unit name or number: N/A
- b. Unit location (Complete 1 and 2).
1. Street or Route # _____
- County _____
- City or Town _____ State _____ Zip _____
2. Latitude _____ Longitude _____
- Method of latitude/longitude determination: _____ USGS map _____ Field survey _____ Other _____
- c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.
- d. Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period: _____ dry metric tons
- e. Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit: _____ dry metric tons
- f. Does the active sewage sludge unit have a liner with a maximum hydraulic conductivity of 1×10^{-7} cm/sec? _____ Yes _____ No
- If yes, describe the liner (or attach a description):

- g. Does the active sewage sludge unit have a leachate collection system? _____ Yes _____ No
- If yes, describe the leachate collection system (or attach a description). Also describe the method used for leachate disposal and provide the numbers of any Federal, State, or local permit(s) for leachate disposal:

- h. If you answered no to either D.1.f. or D.1.g., answer the following question:
- Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site?
_____ Yes _____ No
- If yes, provide the actual distance in meters: _____
- Provide the following information:
- Remaining capacity of active sewage sludge unit, in dry metric tons: _____ dry metric tons
- Anticipated closure date for active sewage sludge unit, if known: _____ (MM/DD/YYYY)
- Provide, with this application, a copy of any closure plan that has been developed for this active sewage sludge unit.

FACILITY NAME AND PERMIT NUMBER:

City of Rexburg ID-002381-7

Form Approved 1/14/99
OMB Number 2040-0086**D.2. Sewage Sludge from Other Facilities.** Is sewage sent to this active sewage sludge unit from any facilities other than your facility?☐ Yes ☒ No

If yes, provide the following information for each such facility. If sewage sludge is sent to this active sewage sludge unit from more than one such facility, attach additional pages as necessary.

a. Facility name _____

b. Mailing Address _____

c. Contact person _____

Title _____

Telephone number _____

d. Which class of pathogen reduction is achieved before sewage sludge leaves the other facility?

☒ Class A ☐ Class B ☐ None or unknown

e. Describe, on this form or another sheet of paper, any treatment processes used at the other facility to reduce pathogens in sewage sludge:

f. Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

- ☐ Option 1 (Minimum 38 percent reduction in volatile solids)
☐ Option 2 (Anaerobic process, with bench-scale demonstration)
☐ Option 3 (Aerobic process, with bench-scale demonstration)
☐ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
☐ Option 5 (Aerobic processes plus raised temperature)
☐ Option 6 (Raise pH to 12 and retain at 11.5)
☐ Option 7 (75 percent solids with no unstabilized solids)
☐ Option 8 (90 percent solids with unstabilized solids)
☐ None or unknown

g. Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge

h. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities performed by the other facility that are not identified in (d) - (g) above:

_____**D.3. Vector Attraction Reduction**

a. Which vector attraction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?

- ☐ Option 9 (Injection below and surface)
☒ Option 10 (Incorporation into soil within 6 hours)
☐ Option 11 (Covering active sewage sludge unit daily)

City of Roxbury ID-007381-7

D.3. Vector Attraction Reduction. (con't)

- b. Describe, on this form or another sheet of paper, any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge:

D.4. Ground-Water Monitoring.

- a. Is ground-water monitoring currently conducted at this active sewage sludge unit, or are ground-water monitoring data otherwise available for this active sewage sludge unit?

_____ Yes _____ No

If yes, provide a copy of available ground-water monitoring data. Also, provide a written description of the well locations, the approximate depth to ground-water, and the ground-water monitoring procedures used to obtain these data.

- b. Has a ground-water monitoring program been prepared for this active sewage sludge unit? _____ Yes _____ No

If yes, submit a copy of the ground-water monitoring program with this permit application.

- c. Have you obtained a certification from a qualified ground-water scientist that the aquifer below the active sewage sludge unit has not been contaminated? _____ Yes _____ No

If yes, submit a copy of the certification with this permit application.

D.5. Site-Specific Limits. Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?

_____ Yes _____ No

If yes, submit information to support the request for site-specific pollutant limits with this application.

FACILITY NAME AND PERMIT NUMBER:

City of Roxbury TD-002381-7

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E. INCINERATION

Complete this section if you fire sewage sludge in a sewage sludge incinerator.

Complete this section once for each incinerator in which you fire sewage sludge. If you fire sewage sludge in more than one sewage sludge incinerator, attach additional copies of this section as necessary.

E.1. Incinerator Information.

a. Incinerator name or number: UA

b. Incinerator location (Complete 1 and 2).

1. Street or Route # _____

County _____

City or Town _____

State _____

Zip _____

2. Latitude _____ Longitude _____

Method of latitude/longitude determination: _____ USGS map _____ Field survey _____ Other _____

E.2. Amount Fired. Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator: _____ dry metric tons

E.3. Beryllium NESHAP.

a. Is the sewage sludge fired in this incinerator "beryllium-containing waste," as defined in 40 CFR Part 61.31? _____ Yes _____ No

Submit, with this application, information, test data, and description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste, and will continue to remain as such.

b. If the answer to (a) is yes, submit with this application a complete report of the latest beryllium emission rate testing and documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met.

E.4. Mercury NESHAP.

a. How is compliance with the mercury NESHAP being demonstrated?

_____ Stack testing (if checked, complete E.4.b)

_____ Sewage sludge sampling (if checked, complete E.4.c)

b. If stack testing is conducted, submit the following information with this application:

A complete report of stack testing and documentation of ongoing incinerator operating parameters indicating that the incinerator has met, and will continue to meet, the mercury NESHAP emission rate limit.

Copies of mercury emission rate tests for the two most recent years in which testing was conducted.

c. If sewage sludge sampling is used to demonstrate compliance, submit a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met, and will continue to meet the mercury NESHAP emission rate limit.

E.5. Dispersion Factor.

a. Dispersion factor, in micrograms/cubic meter per gram/second: _____

b. Name and type of dispersion model: _____

c. Submit a copy of the modeling results and supporting documentation with this application.

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E.6. Control Efficiency.

- a. Control efficiency, in hundredths, for the following pollutants:

Arsenic: _____ Chromium: _____ Nickel: _____
Cadmium: _____ Lead: _____

- b. Submit a copy of the results or performance testing and supporting documentation (including testing dates) with this application.

E.7. Risk Specific Concentration for Chromium.

- a. Risk specific concentration (RSC) used for chromium, in micrograms per cubic meter: _____

- b. Which basis was used to determine the RSC?

____ Table 2 in 40 CFR 503.43

____ Equation 6 in 40 CFR 503.43 (site-specific determination)

- c. If Table 2 was used, identify the type of incinerator used as the basis:

____ Fluidized bed with wet scrubber

____ Fluidized bed with wet scrubber and wet electrostatic precipitator

____ Other types with wet scrubber

____ Other types with wet scrubber and wet electrostatic precipitator

- d. If Equation 6 was used, provide the following:

Decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas: _____

Submit results of incinerator stack tests for hexavalent and total chromium concentrations, including date(s) of test, with this application.

E.8. Incinerator Parameters

- a. Do you monitor Total Hydrocarbons (THC) in the sewage sludge incinerator's exit gas? _____ Yes _____ No

Do you monitor Carbon Monoxide (CO) in the sewage sludge incinerator's exit gas? _____ Yes _____ No

- b. Incinerator type: _____

- c. Incinerator stack height, in meters: _____

Indicate whether value submitted is: _____ Actual stack height _____ Creditable stack height

E.9. Performance Test Operating Parameters

- a. Maximum Performance Test Combustion Temperature: _____

- b. Performance test sewage sludge feed rate, in dry metric tons/day: _____

indicate whether value submitted is:

____ Average use _____ Maximum design

Submit, with this application, supporting documents describing how the feed rate was calculated.

- c. Submit, with this application, information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator.

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E.10. Monitoring Equipment. List the equipment in place to monitor the following parameters:

- a. Total hydrocarbons or carbon monoxide: _____
- b. Percent oxygen: _____
- c. Moisture content: _____
- d. Combustion temperature: _____
- e. Other: _____

NA

E.11. Air Pollution Control Equipment. Submit, with this application, a list of all air pollution control equipment used with this sewage sludge incinerator.

3656
RX 3565

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION: <table style="width:100%;"> <tr> <td style="width:50%;">REPORT TO:</td> <td style="width:50%;">INVOICE TO:</td> </tr> <tr> <td>Company: City of Rexburg</td> <td>Company: City of Rexburg</td> </tr> <tr> <td>Address: P.O. Box 280</td> <td>Address: P.O. Box 280</td> </tr> <tr> <td>Phone: 359-3035</td> <td>Phone: 359-3035</td> </tr> <tr> <td>Fax:</td> <td>Fax:</td> </tr> <tr> <td>Sampled by: Laren/Danna</td> <td>Attn: Donna</td> </tr> </table>				REPORT TO:	INVOICE TO:	Company: City of Rexburg	Company: City of Rexburg	Address: P.O. Box 280	Address: P.O. Box 280	Phone: 359-3035	Phone: 359-3035	Fax:	Fax:	Sampled by: Laren/Danna	Attn: Donna	PROJECT INFORMATION: <table style="width:100%;"> <tr> <td>Project Manager: Laren/Danna</td> </tr> <tr> <td>Project Name: digester Sludge</td> </tr> <tr> <td>Project Number:</td> </tr> <tr> <td>Purchase Order Number: PO # 3565</td> </tr> <tr> <td>Required</td> </tr> <tr> <td>Due Date:</td> </tr> </table>				Project Manager: Laren/Danna	Project Name: digester Sludge	Project Number:	Purchase Order Number: PO # 3565	Required	Due Date:	ANALYTICAL LABS, INC. 1804 N. 33rd Street • Boise, ID 83703 (208) 342-5515 • Fax (208) 342-5591 1-800-574-5773 ANALYSIS REQUESTED			
REPORT TO:	INVOICE TO:																												
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Purchase Order Number: PO # 3565																													
Required																													
Due Date:																													
				<div style="display: flex; justify-content: space-around; font-size: small;"> ArsenicCadmiumChromiumCopperLeadNickelSilverZincMercuryCyanideTSDTGPRY </div>																									
Lab ID	Date Sampled	Time Sampled	Sample Description	Sample Matrix																									
	Nov 2, 98	8:30 Grab	digester Sludge	29570	1	1	1	1	1	1	1	1	1	1	1	1													
	Nov 4, 98	9:00 Grab	digester Sludge	29571	1	1	1	1	1	1	1	1	1	1	1	1													
	Nov 6, 98	9:00 Grab	digester Sludge	29572	1	1	1	1	1	1	1	1	1	1	1	1													
Special Instructions: please return copy of chain of custody with results called 11/9/98 correct PO # is 3656 per Donna																													
Thank you!																													
Allocation Of Risk: Analytical Laboratories, Inc. will perform preparation and testing services, obtain findings and prepare reports in accordance with Good Laboratory Practices (GLP). If, for any reason, Analytical Laboratories, Inc. errors in the conduct of a test or procedure their liability shall be limited to the cost of the test or procedure completed in error. Under no circumstance will Analytical Laboratories, Inc. be liable for any other cost associated with obtaining a sample or use of data.																													
SAMPLE RECEIPT				Note: Samples are discarded 21 days after results are reported. Hazardous samples will be returned to client or disposed of at client expense.																									
Total # of Containers: 6				Relinquished By: (Signature) Lorna Archibald					Date / Time Nov 6 '98		Received By: (Signature) J. Murphy					Date / Time 11/9/98													
Chains of Custody Seals: Y / N / NA				Company: City of Rexburg																									
Intact: Y / N / NA																													
Condition: Good!				Relinquished By: (Signature)					Date / Time		Received at Laboratory by:					Date / Time 10:00													
				Company:																									

Day 1
Day 2
Day 3

3565
#2